|  | Effective October 1, 2003                      |   |              |                                   |              |                  |                               |                    |                        |       |                     |                        |  |
|--|--|---|--------------|-----------------------------------|--------------|------------------|-------------------------------|--------------------|------------------------|-------|---------------------|------------------------|--|
|  | ·  | CLAIMS AS                                 | -            | SMALL ENTITY TYPE                 |              |                  | OTHER THAN<br>OR SMALL ENTITY |                    |                        |       |                     |                        |  |
| TOTAL CLÁIMS   |  |   |              |                                   |              |                  |                               | RATE               | FEE                    | ]     | RATE                | FEE.                   |  |
| FOR  |  |   | NUMBER FILED |                                   | NUMBER EXTRA |                  | E                             | BASIC FEE          | 385.00                 | OR    | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=    |                                   | *            |                  |                               | X\$ 9=             |                        | OR    | X\$18=              |                        |  |
| IND  | EPENDENT CL                                    | AIMS                                      | minus 3 =    |                                   | •            |                  | - [                           | X43=               |                        | OR    | X86 <del>=</del>    | •                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |                                   |              |                  |                               | +145=              |                        | OR    | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                                   |              | L.               | TOTAL                         | · ·                | OR                     | TOTAL |                     |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |              |                                   |              |                  |                               | SMALLI             | ENTITY                 | OR    | OTHER<br>SMALL      |                        |  |
| AMENDMENT A  | . //   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |                               | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total .  | .5  | Minus        | 7                                 | 2.           | = /              |                               | X\$ 9=             | !                      | OR    | X\$18=              |                        |  |
| AME  | Independent                                    | .2  | Minus        | *** /                             | 8            | =/               |                               | X43=               |                        | OR    | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |              |                                   |              |                  |                               | +145=              |                        | OR    | +290=               |                        |  |
|  |  |   |              |                                   |              |                  |                               | TOTAL<br>DDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
| U  | 831.06   | (Column 1)                                |              | (Colun                            | nn 2)        | (Column 3)       | _                             | JUII. FEE 1        |                        |       |                     |                        |  |
| AMENDMENT B  | 824  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID I  | BER<br>DUSLY | PRESENT<br>EXTRA |                               | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | • 5                                       | Minus        | **                                | 77           |                  | L                             | X\$ 9=             | X                      | OR    | X\$18=              | <u> </u>               |  |
|  | Independent                                    | · 2                                       | Minus        | est<br>CNIDENT                    | 18           |                  |                               | X43=               |                        | OR    | X86=                |                        |  |
| しし   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |                  |                               | +145=              |                        | OR    | +290=               |                        |  |
|  |  |   |              |                                   |              |                  |                               | TOTAL<br>ODIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                   |              |                  |                               |                    |                        |       |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·            | HIGH<br>NUMI<br>PREVIO<br>PAID I  | BER          | PRESENT<br>EXTRA |                               | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| N<br>N   | Total  | •   | Minus        | **                                |              | = .              |                               | X\$ 9=             |                        | OR    | X\$18=              | •                      |  |
| BE   | Independent                                    | •   | Minus        | ***                               |              | <u>-</u>         | l.                            | X43=               | •                      | OR.   | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |                  |                               | +145=              |                        | OR    | +290=               |                        |  |
| i trute rightest rumber i termusiy i and to the tring of Not 5 toss that ter often to. ADDIT, FEE  |  |   |              |                                   |              |                  |                               |                    |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                   |              |                  |                               |                    |                        |       |                     |                        |  |

Application or Docket Number